

## *The Immunization Status Summary Report Packet*

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## *Items that need to be returned by January 15, 2016*

- 2015-2016 Child Care/Preschool Immunization Status Report (Form)



## 2016 Missouri Child Care and Preschool Immunization Requirements

- All children must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending child care/preschool.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Children may receive immunizations up to four days before the due date.
- Immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- Parent/Guardian (Imm.P.11) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from child care/preschool when outbreaks of vaccine-preventable diseases occur.
- To remain in child care/preschool, children "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the facility. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

Vaccines Required for Child Care and Preschool Attendance	Doses Required by Age				
	Birth to 2 Months	3 to 4 Months	5 to 6 Months	7 to 18 Months	19 Months to Kindergarten Entry
DTaP/DT		1	2	3	4+
IPV (Polio)		1	2	2	3+
Hib <sup>1</sup>		1	1+	2+	3+
Hepatitis B	1	1+	2	2+	3+
PCV(Pneumococcal) <sup>2</sup>		1	2	3	4+
MMR					1
Varicella					1

(+: If a child has been immunized using the ACIP timing recommendations, he/she could have more than the required doses for child care.)

1. **Hib:** The number of doses a child needs to complete the series depends on the age the child begins the series.  
**3** doses with final dose on or after 12 months of age; or  
**2** doses with 1 dose on or after 12 months of age; or  
**1** dose on or after 12 months of age; or  
**If the current age is 5 years or older, no new or additional doses are required**
2. **PCV:** The number of doses a child needs to complete the series depends on the age the child begins the series.  
**4** doses with dose 4 on or after 12 months of age; or  
**3** doses with 1 dose on or after 12 months of age; or  
**2** doses with both doses on or after 12 months of age; or  
**1** dose on or after 24 months of age; or  
**If the current age is 5 years or older, no new or additional doses are required**



# Missouri Child Care and Preschool Immunization Requirements Screening Tool

Many Missouri children receive vaccines based on the **recommended** schedule from the Advisory Committee on Immunization Practices (ACIP), ensuring that children are well protected against vaccine-preventable diseases. This chart is a **basic screening tool** for child care providers to determine which vaccines children in care need to have in order to be in compliance with state immunization **requirements**. There may be some additional spacing requirements not included on this **basic screening tool**.

**STEP 1:** Determine child's age.

**STEP 2:** Review the immunization requirements for the child's age.

**STEP 3:** Count the number of doses required for each vaccine category.

**STEP 4:** Check dose and spacing on children **19 months and older**.

**STEP 5:** If a Parent/Guardian Exemption is on file; ensure it reflects the current year.

**STEP 6:** If an in progress card is on file, check the due date for the next dose. Due to the spacing requirements of the vaccine series, this appointment must be kept. If the appointment is **not** kept the child is no longer in progress and is noncompliant.

VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL ATTENDANCE	DOSES REQUIRED BY THE TIME THE CHILD IS				SPACING REQUIREMENTS If the vaccine is given 4 days early, the child is considered adequately immunized.
	3 MONTHS	5 MONTHS	7 MONTHS	19 MONTHS AND OLDER	
DTaP/DT	1	2	3	4	At least 6 months between doses 3 and 4.
IPV (Polio)	1	2	2	3	
Hib	1	1	2	3 → 2 → 1 →	<ul style="list-style-type: none"> <li>3 doses with final dose on or after 12 months of age; or</li> <li>2 doses with 1 dose on or after 12 months of age; or</li> <li>1 dose on or after 12 months of age; or</li> <li>If the current age is <b>5 years</b> or older, no new or additional doses are required.</li> </ul>
Hepatitis B	1	2	2	3	<ul style="list-style-type: none"> <li>Last dose must be on or after 24 weeks (6 months) of age.</li> </ul>
PCV (Pneumococcal Conjugate, Prevnar)	1	2	3	4 → 3 → 2 → 1 →	<ul style="list-style-type: none"> <li>4 doses with dose 4 on or after 12 months of age; or</li> <li>3 doses with 1 dose on or after 12 months of age; or</li> <li>2 doses on or after 12 months of age; or</li> <li>1 dose on or after 24 months of age; or</li> <li>If the current age is <b>5 years</b> or older, no new or additional doses are required.</li> </ul>
MMR				1	<ul style="list-style-type: none"> <li>MUST be given on or after 12 months of age.</li> </ul>
Varicella				1	<ul style="list-style-type: none"> <li>MUST be given on or after 12 months of age.</li> <li>For proof of varicella disease, a written statement from a licensed health care provider must be on file.</li> </ul>



# Missouri Child Care and Preschool Vaccine Identification Tool

VACCINE	DIFFERENT BRANDS AND ABBREVIATIONS
Diphtheria, Tetanus, Acellular Pertussis	Daptacel Infanrix Kinrix (Combined with IPV) Pentacel (Combined with IPV and Hib) Tetramune (Combined with Hib) abbreviated TTR TriHIBit (Combined with Hib) (DTaP/Hib) Pediarix (Combined with IPV and Hep B)
Diphtheria and Tetanus	DT
Polio	IPV Ipol Pediarix (Combined with DTaP and Hep B) Pentacel (Combined with DTaP and Hib) Kinrix (Combined with DTaP)
Haemophilus Influenzae type b (Hib)	ActHIB Hib HibTITER Hiberix PedvaxHIB PRP-OMP Comvax (Combined with Hep B) Tetramune (Combined with DTP) Abbreviated TTR TriHIBit (Combined with DTaP) (DTaP/Hib) Pentacel (Combined with DTaP and IPV)
Hepatitis B	Engerix-B Hep B Comvax (Combined with Hib) Pediarix (Combined with DTaP and IPV) Twinrix (Combined with Hep A)
Pneumococcal	PCV-7 (Prevnar) PCV-13 (Prevnar)
Measles, Mumps, Rubella	MMR MMRV (Measles, Mumps, Rubella combined with Varicella) ProQuad (Measles, Mumps, Rubella combined with Varicella)
Varicella (Chickenpox)	VAR MMRV (Varicella combined with Measles, Mumps, Rubella) ProQuad (Varicella combined with Measles, Mumps, Rubella)





# MEDICAL EXEMPTION

## WHAT YOU NEED TO KNOW

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Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

However, some children cannot be immunized for medical reasons. Claiming a medical exemption represents a physician's determination that the child is allergic to some immunization components, has an immune deficiency or has an illness such as cancer.

These individuals are at greater risk of exposure to any vaccine-preventable disease that can be life-threatening. To protect those who cannot be vaccinated and the entire community, unimmunized children could be excluded from school and child care during disease outbreaks. This can cause hardship for the child and parent.

A medical exemption can be obtained from the local health department or physician. The medical exemption must be signed by a physician and filed with the school administrator or child care facility.

Immunizations may save your child's life.





# PARENT/GUARDIAN EXEMPTION

## WHAT PARENTS OF CHILDREN IN CHILD CARE NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; lung and liver infections; brain swelling and damage; paralysis; meningitis; deafness; liver problems; and bleeding disorders.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be fatal.

Actively choosing not to immunize a child by claiming an exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from child care during disease outbreaks. This can cause hardship for the child and parent. No exceptions are made, regardless of the circumstances.

Claiming an exemption represents a parent or guardian's objection to immunizing against vaccine-preventable diseases.

An exemption form can be obtained from the local health department and filed for selected vaccines or for all vaccines. Parents and guardians should indicate which vaccines are included on the Parent / Guardian Exemption. The exemption must be completed and filed with the child care center administrator annually.

It is unlawful for any child to attend child care unless the child has been immunized or unless the parent or guardian has signed and filed a Parent / Guardian Exemption.

Immunizations may save your child's life!





# CHILDREN IN PROGRESS

## WHAT YOU NEED TO KNOW

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Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Unfortunately, some children fall behind in getting their age-specific immunizations required for child care and school attendance.

According to Missouri regulation, children who have not received immunizations required for child care and school attendance cannot attend until their immunizations are up-to-date. However, a child is allowed to attend if the required immunization series has begun and an appointment for the next dose is scheduled. This immunization appointment must be documented on an in progress card and filed with the child care facility or school.

The appointment must be kept and an updated immunization record must be provided to the child care facility or school. If the appointment is not kept, the child is no longer in progress and is noncompliant and cannot attend child care or school.

An in progress exemption can be obtained from the local health department or a physician. The in progress card must be signed by a physician, public health nurse or designee and filed with the school administrator or child care facility.

Immunizations may save your child's life.



# Missouri Immunization Exemptions



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES MEDICAL IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) FOR PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL ATTENDANCE

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)	
IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:		
<input type="checkbox"/> The child has documentation of disease or laboratory evidence of immunity to the disease. _____ (MONTH/YEAR)		
<input type="checkbox"/> The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.		
<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HIB <input type="checkbox"/> MMR		
<input type="checkbox"/> PERTUSSIS <input type="checkbox"/> PNEUMOCOCCAL <input type="checkbox"/> POLIO		
<input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____		
PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)		
PHYSICIAN SIGNATURE		DATE

MO 580-0807 (6-12) Imm.P. 12



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES PARENT/GUARDIAN IMMUNIZATION EXEMPTION

Required under Missouri state immunization laws (Section 210.003, RSMo) for public, private, or parochial day care center, preschool or nursery school caring for ten or more children.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<input type="checkbox"/> I have read and been informed of the consequences of not immunizing my child. (please initial)	
THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF	NAME OF CHILD (print or type)
DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S)	
<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HIB <input type="checkbox"/> MMR	
<input type="checkbox"/> PERTUSSIS <input type="checkbox"/> PNEUMOCOCCAL <input type="checkbox"/> POLIO	
<input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____	
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE

MO 580-0959 (07/10) Imm.P. 11



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES IMMUNIZATIONS IN PROGRESS

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) FOR PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)	
received the following immunization(s) on _____ as required by State Immunization Laws		
MONTH/DAY/YEAR		
<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HIB <input type="checkbox"/> MMR		
<input type="checkbox"/> PERTUSSIS <input type="checkbox"/> PNEUMOCOCCAL <input type="checkbox"/> POLIO <input type="checkbox"/> TETANUS		
<input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____		
and is scheduled to return on _____		
MONTH/DAY/YEAR		
<b>NOTE:</b> This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive appropriate immunizations at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.		
PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE NAME (PRINT OR TYPE)		
PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE		

MO 580-0828 (6-12) Imm.P. 13



# Immunization Quality Improvement Regional Contacts

## Northwest:

### Vacant

Phone: 816.632.7903  
Fax: 816.632.1636

### Cathy Kennon

Phone: 816.350.5470  
Fax: 816.350.7691  
Cathy.Kennon@health.mo.gov

## Central:

### Linda Powell

Phone: 573.522.2801  
Fax: 573.526.0238  
Linda.Powell@health.mo.gov

## Eastern:

### Touree Cone

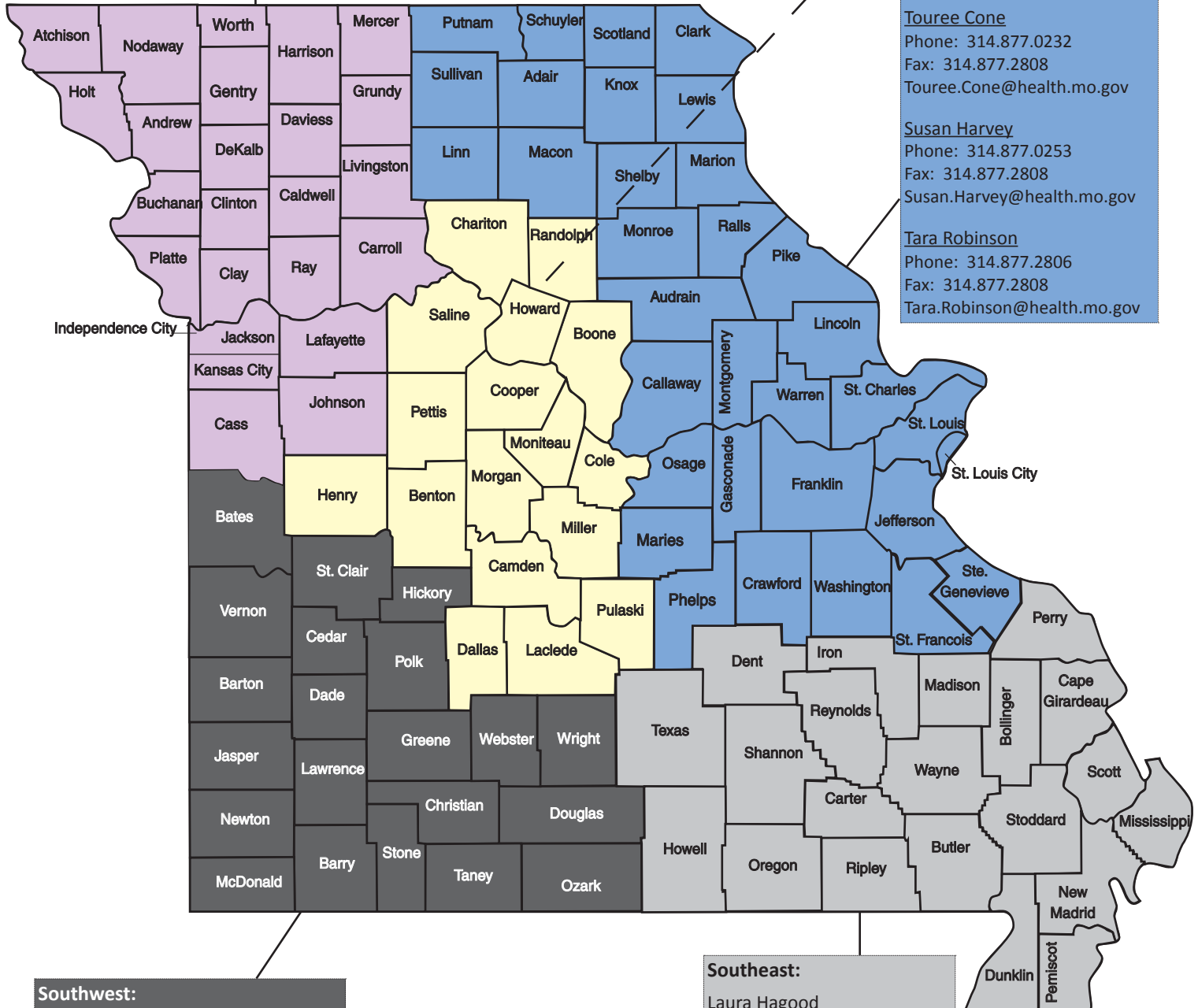
Phone: 314.877.0232  
Fax: 314.877.2808  
Touree.Cone@health.mo.gov

### Susan Harvey

Phone: 314.877.0253  
Fax: 314.877.2808  
Susan.Harvey@health.mo.gov

### Tara Robinson

Phone: 314.877.2806  
Fax: 314.877.2808  
Tara.Robinson@health.mo.gov



## Southwest:

### Nancy Minter

Phone: 417.895.6914  
Fax: 417.895.6975  
Nancy.Minter@health.mo.gov

### Teri Utter

Phone: 417.895.6908  
Fax: 417.895.6975  
Teri.Utter@health.mo.gov

## Southeast:

### Laura Hagood

Phone: 573.840.9107  
Fax: 573.840.9119  
Laura.Hagood@health.mo.gov

# Tally Sheet of Assessed Children

Date: \_\_\_\_\_

Note: This tool has been created to help aid in evaluating the immunization status and completing the *Child Care/Preschool Immunization Status Report*. If the child has a medical or parent/guardian exemption on file for a specific vaccine place a "M" or "P" in the top-right corner of the appropriate vaccine column. If the child is in progress for a specific vaccine place a check mark in the top-left corner of the appropriate vaccine column. If the child is noncompliant for a specific vaccine, circle the number of doses in the appropriate vaccine column.

	DOB	Age Group	DTaP	Polio	Hib	Hep B	PCV	MMR	Varicella	Varicella Disease	No Record (√)
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											



# Completing the *Tally Sheet of Assessed Children*

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1. For each child that is enrolled within your facility you must first determine the child's age when completing this assessment. Related children must be included in this survey.
2. Once you have determined the ages of the children you will then want to sort the children's immunization records into five age groups.
  - 0 thru 2 months
  - 3 thru 4 months
  - 5 thru 6 months
  - 7 thru 18 months
  - 19 months to kindergarten entry
3. Take the immunization records from the first age group, for example 0 thru 2 months and record each child onto the tally sheet of assessed children.
4. Record the child's date of birth, age group and then the number of doses received for each required vaccine according to their immunization record. The required vaccines include:
  - DTaP
  - Polio
  - Hib
  - Hep B
  - PCV
  - MMR
  - Varicella
5. Record the proof of varicella in the varicella disease column.
6. Place an "M" or a "P" in the top-right corner of the appropriate vaccine column if the child has a medical or parent/guardian exemption on file for a specific vaccine.
7. Place a check mark in the top-left corner of the appropriate vaccine column if the child is in progress for a specific vaccine.
8. Circle the number of doses in the appropriate vaccine column if the child is noncompliant for a specific vaccine.
9. Place a check mark in the no record column if the child has no record on file.
10. Repeat each of these steps for all age groups.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
2015-2016 CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

By **January 15, 2016**, this completed IMM.P.32 form must be forwarded to:  
Missouri Department of Health and Senior Services  
Bureau of Immunization Assessment & Assurance  
P.O. Box 570  
Jefferson City, MO 65102-0570  
(573) 751-6124 toll free 1-800-219-3224  
Fax: (573) 526-0238

Facility Name and Address:

County: DVN:

Email Address:

Mailing Address Correct: ☐ Yes ☐ No  
(If no, please make corrections on the label to the right)

Phone:

If 10 or more preschool age children (birth to school entry) are enrolled, complete entire report and return by January 15, 2016.

If less than 10 preschool age children (birth to school entry) are enrolled, check box and return report by January 15, 2016. ☐

2015-2016	PRESCHOOL AGE GROUPS				
	0 thru 2 months	3 thru 4 months	5 thru 6 months	7 thru 18 months	19 months to Kindergarten entry
NUMBER ENROLLED: PLEASE ENTER THE TOTAL NUMBER OF CHILDREN ENROLLED - BY AGE GROUP					
DTAP/DT	not applicable	1 dose	2 doses	3 doses	4+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
POLIO (IPV)		not applicable	1 dose	2 doses	2 doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
HIB	not applicable		1 dose	1+ doses	2+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
HEPATITIS B		1 doses	2 doses	2 doses	2 or 3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
PCV (Pneumococcal)	not applicable	1 dose	2 doses	3 doses	4 doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
MMR (MEASLES, MUMPS, RUBELLA)	not applicable				1 dose
Children fully immunized					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
VARICELLA	not applicable				1 dose or proof of disease
Children fully immunized					
Children with proof of disease					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
Prepared by:	Title:			Date:	

**Title 19 – DEPARTMENT OF HEALTH Division 20 – Division of Environmental Health and Communicable Disease Prevention Chapter 28 - Immunization**

**19 CSR 20-28.040 Day Care Immunization Rule**

*PURPOSE: This rule establishes immunization requirements in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) for all children attending public, private, or parochial day care, preschool or nursery schools caring for ten or more children, and describes actions to be taken to ensure compliance with section 210.003, RSMo.*

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator’s jurisdiction. An annual summary report shall be made by January 15 of each year showing the immunization status of each child enrolled using forms provided for this purpose by the Department of Health and Senior Services. All facilities caring for or licensed for ten (10) or more children must submit a summary report. This report shall include immunization information by age up to kindergarten entry, by vaccine antigen, number of children enrolled, number of children fully immunized, number of children in progress, number of children with signed medical exemption, number of children with signed parental exemption, number of children in noncompliance, and number of children with proof of varicella disease.

(2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before or after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. Age-appropriate vaccine requirements will be according to the attachments listed in section (5).

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the child’s immunization health record for each child with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the child’s health or life, or the child has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services’ form Imm.P.12, included herein, shall be placed on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services’ form Imm.P.11, included herein, shall be signed by the parent or guardian and placed on file with the immunization record of each child with a parental exemption. The parental exemption must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, or immunization registry stating that the required immunizations have been given to the person and verifying type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: “This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

(5) Immunization requirements for children attending day care facilities shall be:

(A) Missouri Day Care Immunization Requirements Vaccines Received 0–6 Years of Age, included herein; and

(B) Catch-up Immunization Schedule for Persons Aged 4 Months–6 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.

*AUTHORITY: sections 192.006 and 210.003, RSMo 2000.\* Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 210.003, RSMo 1988.*

# Completing the *Child Care/Preschool Immunization Status Report*

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1. Ensure the name of the facility and address on the top portion of the form are correct. If not, make corrections on the label.
2. Use the *Tally Sheet of Assessed Children* to enter the current enrollment for **each age group**.
3. For **each age group** and **each required immunization** enter the following:
  - The number of children fully immunized.
  - The number of children in progress to complete immunization series. (**In progress means the child is waiting to complete the series, but is not eligible to receive the immunizations due to timeframe between doses.**)

**An Immunizations In Progress form (Imm.P.14) must be on file.**

- The number of children with proof of disease, for varicella only.
  - The number of children with a **Medical Immunization Exemption** form (Imm.P.12) on file.
  - The number of children with a **Parent/Guardian Immunization Exemption** form (Imm.P.11) on file.
  - The number of children in noncompliance with immunization record.
  - The number of children in noncompliance without immunization record.
4. Enter the date, name and title of the individual completing the form and send to the Missouri Department of Health and Senior Services, Bureau of Immunizations, P.O. Box 570, Jefferson City, MO 65102, by **January 15, 2016**.



(CHILD CARE LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require children to be properly immunized and provide verification to attend child care/preschool, unless they have an appropriate exemption card on file.

Children attending child care/preschool must be immunized against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type b, hepatitis B, pneumococcal, measles, mumps, rubella, and varicella. All children are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend child care/preschool.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than \_\_\_\_\_. Please call \_\_\_\_\_, with any questions.

Sincerely,

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☐ **No immunization record on file - provide a complete immunization record.**

☐ **Diphtheria, Tetanus, Pertussis (DTaP, DT)**

☐ Series incomplete. (Dose[s] needed \_\_\_\_\_).

☐ Less than six months between doses three and four.

☐ **Polio (IPV)**

☐ Series incomplete. (Dose[s] needed \_\_\_\_\_).

☐ ***Haemophilus influenza* type b (Hib)**

☐ Series incomplete. (Dose[s] needed \_\_\_\_\_).

☐ Last dose received before first birthday.

☐ **Hepatitis B**

☐ Series incomplete. (Dose[s] needed \_\_\_\_\_).

☐ Invalid spacing between doses.

☐ Last dose received before 24 weeks of age.

☐ **Pneumococcal (PCV)**

☐ Series incomplete. (Dose[s] needed \_\_\_\_\_).

☐ Last dose received before first birthday.

☐ **Measles, Mumps and Rubella (MMR)**

☐ Vaccination incomplete. (Dose[s] needed \_\_\_\_\_).

☐ Vaccination for MMR is required since vaccine was received before first birthday.

☐ **Varicella**

☐ Vaccination incomplete. (Dose[s] needed \_\_\_\_\_ or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).

☐ Vaccination for Varicella is required since vaccine was received before first birthday.